

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Toshihiko KOBATA et al.
Title: SEAT-LOAD MEASURING
APPARATUS
Appl. No.: Unassigned
Filing Date: 02/19/2004
Examiner: Unassigned
Art Unit: Unassigned

UTILITY PATENT APPLICATION
TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Toshihiko KOBATA

Tetsumei MOCHIZUKI

Enclosed are:

- [X] Application Data Sheet (37 CFR 1.76) (3 pages).
- [X] Specification, Claim(s), and Abstract (22 pages).
- [X] Formal drawings (13 sheets, Figures 1-2, 3(A)-3(B), 4, 5(A)-5(B), 6(A)-6(B), 7(A)-7(B), 8(A)-8(C), 9(A)-9(C), 10(A)-10(C), 11(A)-11(B), 12, 13(A)-13(B), 14(A)-14(C)).
- [X] Declaration and Power of Attorney (4 pages).

- ☒ Assignment Recordation Cover Sheet (1 page).
- ☒ Assignment of the invention to TAKATA CORPORATION (2 pages).
- ☒ Claim for Convention Priority and 1 Priority Document.
- ☒ Information Disclosure Statement (3 pages).
- ☒ Form PTO/SB/08 and listing 1 reference.

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$770.00 =	\$770.00
Total	6	- 20	= 0 x	\$18.00 =	\$0.00
Claims:					
Independents	2	- 3	= 0 x	\$86.00 =	\$0.00
:					
If any Multiple Dependent Claim(s) present:			+	\$290.00 =	\$0.00
				SUBTOTAL: =	\$770.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):				=	\$0.00
				TOTAL FILING FEE: =	\$770.00
Assignment Recordation Fee:			+	\$40.00 =	\$40.00
TOTAL FEE				=	\$810.00

- ☒ A check in the amount of \$810.00 to cover the filing fee and fee for recordation of Assignment is enclosed.
- ☐ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

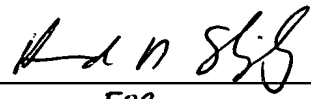
Date: February 19, 2004

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